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CONFIRMATION NO. 7540

SERIAL NUMBER 09/617,476	FILING DATE 07/17/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. ANC07	
APPLICANTS Christine B. Sweetser, Linn Haven, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/07/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
ADDRESS 27863					
TITLE Client driven healthcare system and process					
FILING FEE RECEIVED 444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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SERIAL NUMBER 09/617,476	FILING DATE 07/17/2000 RULE , _	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. ANC07
APPLICANTS Christine B. Sweetser, Linn Haven, FL ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/07/2000 ** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 31
			INDEPENDENT CLAIMS 3	
ADDRESS Cort Flint P A P O Box 10827 Greenville ,SC 29603				
TITLE Client driven healthcare system and process				
FILING FEE RECEIVED 444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	